PTO/SB/17 (07-07)

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e required to respond to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no person Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriation FRAD (H.R. 4818). **Application Number** 10/015,003-Conf. #2100 FEE TRANSMITTAL December 11, 2001 Filing Date First Named Inventor W. Richard Jones For FY 2007 **Examiner Name** J. A. Rioux Applicant claims small entity status. See 37 CFR 1.27 3964 Art Unit J0231.70000US00 **TOTAL AMOUNT OF PAYMENT** 60.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) x Check Credit Card Money Order None Other (please identify): Deposit Account Name: Wolf, Greenfield & Sacks, P.C. Deposit Account Deposit Account Number: 23/2825 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 200 300 Plant 100 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Fee Paid (\$) **Multiple Dependent Claims Total Claims** Extra Claims Fee (\$) Fee (\$) Fee Paid (\$) X HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) (round up to a whole number) x - 100 = /50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00 SUBMITTED BY Registration No. Signature 46,518 Telephone (617) 646-8000 (Attorney/Agent) Name (Print/Type) Eric L. Amundsen September 24, 2007

	Certificate of Mailing Under 37 CFR 1.8(a)
	per referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on
the date shown below with sufficient postage as Alexandria, VA 22313-1450.	irst Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450,
	/W//
Dated:September 24, 2007	Signature: (Eric L. Amundsen)

PTO/SB/22 (04-07)
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TIME UNDER 37 CFR 1.136(a)

FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			J0231.70000US00				
plication Number 10/015,003-Conf. #2100		Filed Dec	ed December 11, 2001				
For LONG-TERM INVESTING							
Art Unit 3964			Examiner	J. A. Rioux			
This is a request under the provision identified application.			-				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):							
x One month (37 CFR 1.	17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 60.00			
Two months (37 CFR 1	.17(a)(2))	\$450	\$225	\$			
Three months (37 CFR	1.17(a)(3))	\$1020	\$510	\$			
Four months (37 CFR 1	.17(a)(4))	\$1590	\$795	\$			
Five months (37 CFR 1	.17(a)(5))	\$2160	\$1080	\$			
A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
x attorney or a	gent of record. Regi	stration Numbe	r <u>46,518</u>				
	gent under 37 CFR 1 number if acting under						
Signature		September 24, 2007 Date					
Signature							
Eric L. Amundsen Typed or printed name		(617) 646-8000 Telephone Number					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 1	forms are submitte	d.					

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(Eric L. Amundsen)

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September 24, 2007_